

Being the Body of Christ:

How can we include people living with invisible illnesses and chronic conditions in our church communities?

Seminar for Harrogate School of Theology and Mission, based on a study led by Penny Pullan

Hello

Invisible Illnesses and Chronic Conditions?



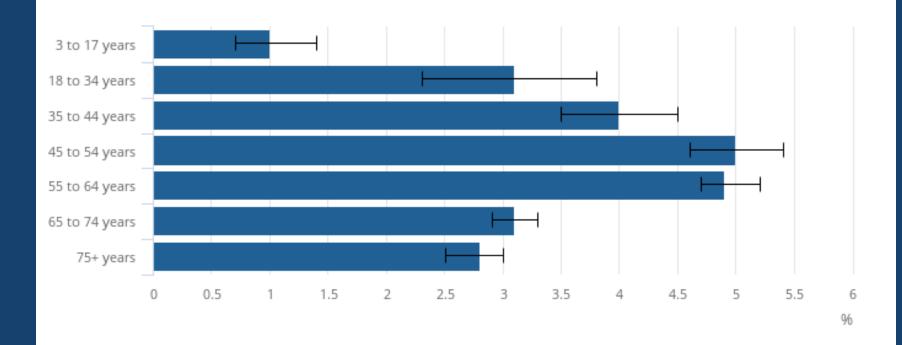
ME/CFS is a complex and chronic medical condition that effects multiple body systems.

Symptoms include flu-like malaise, sleep difficulties, brain fog and a profound fatigue that is unlike normal tiredness. People may also experience chronic pain, headaches, nausea, digestive problems, and sensitivity to light, sound and other stimuli.

Long COVID is defined as the continuation or development of new symptoms 3 months after the initial SARS-CoV-2 infection, with these symptoms lasting for at least 2 months with no other explanation.

Figure 2: Those aged 45 to 54 years are most likely to report long COVID

Estimated percentage of people living in private households with self-reported long COVID of any duration by age, England and Scotland, four-week period ending 7 March 2024



Source: Winter Coronavirus (COVID-19) Infection Study (Winter CIS) from the Office for National Statistics



ST HILD

Why?

CHURCH TIMES

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Faith **Books & Arts** Regulars

Health: Surely, things will get better?

15 OCTOBER 2021

How does Christian faith sit alongside chronic illness? Penny and Malcolm Pullan recount their stories

Penny's story

I MET Malcolm when we were postgraduate students at Cambridge, in January 1990. I was studying for a Ph.D. in engineering (nanotechnology), and his doctorate was in mathematics (operations research). We met remotely on the Cambridge University mainframe computer, and discussed life, the universe, and everything, in between working on our Ph.D.s. Within six months, Malcolm had



Is Inclusion Enough?



"To be included, you just need to be present." To belong you need to be missed."

John Swinton

'From Inclusion to Belonging: A Practical Theology of Community, Disability and Humanness' in 'Journal of Religion, Disability and Health, 16(2) 2012, pp. 172-190 p. 177



The Research Question

How are people of working age
with invisible illnesses and chronic conditions
(particularly those with Myalgic Encephalomyelitis (ME)
and Long COVID)
included in their Church of England church communities,
whether in-person, hybrid and/or online,
and how much do they feel they really matter and belong?



The Study



Could you help with this study?

Do you have an invisible illness or chronic condition?

Is your condition
ME, Long COVID or
similar,
or immune
compromised due
to chemo?

Are you a member of a Church of England community?

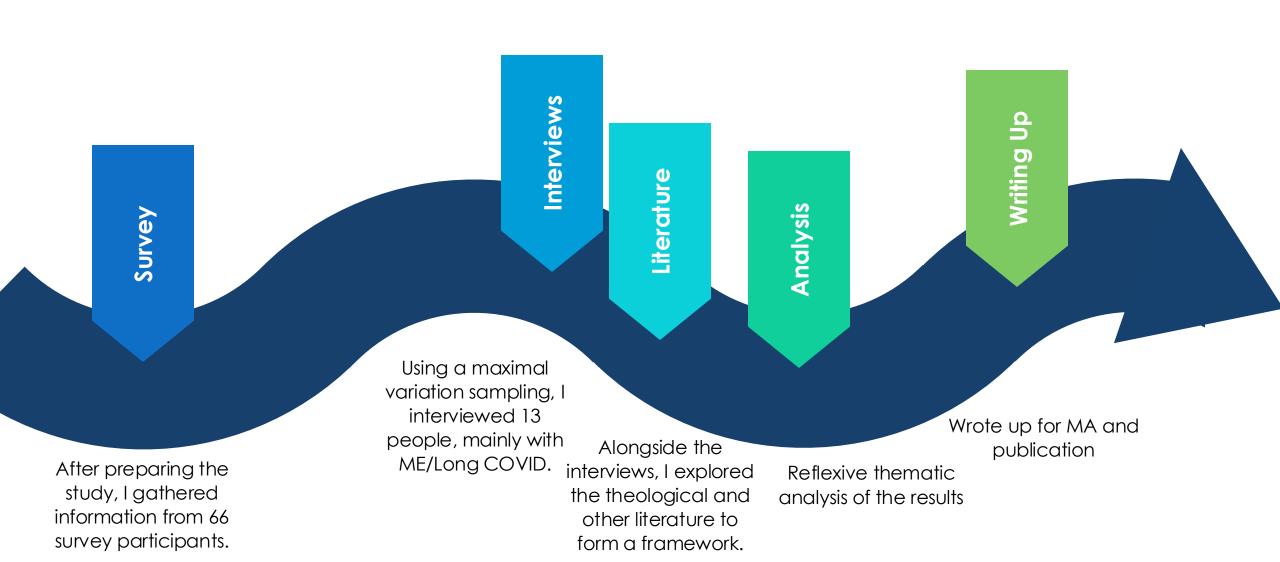
Are you of working age, 18-65?

Are you able to complete a survey online?

If so, you are just who we are looking for!

ethicsofinclusion.study

Study Progress 2024



Teaching needs to be accessible

Coding

Lucky to be part of this church

Over-estimating inclusion Change to supportive leader

Hybrid for meetings Feeling grief and loss Inclusion means LGBTQI+++

Gifts/ministry not used Non supportive church leader

PCC member "I have disappeared/been forgotten"

Church Worker Supportive church leader Mitigations lacking for COVID

"You look well!" Costs of church involvement

Healing (or not) Inclusion looks like... Disabled is not their idea of priest/minister

how affected? COVID deterioration

How Valued Need more flexibility and understanding

Seen .

Churchwarden

Sound/Tech

Unseen What else? Can't attend in person church

Pain Notes Stigma

Church is tiring Next step Great Quotes

Leading music Pacing Exclusion

Secular alternative better

Lay Role Frustration How Included La

Lament/suffering - talking about it openly

Isolated Online is valuable

Ordained Rotas are bad Valued for what I do/my role

"I have to say no' Gifts/ministry used Value other illnesses more

Sit or stand, that's fine Disability Theology

Church services that work for ill people

Decisions made for me No or less online provision

Leader - lived experience

Belonged when well

Teacher in church school Valued for who I am, rather than what I do

The Results: Themes



Themes

The Challenging Ones



I'm valued for what I do, not who I am



"There's a lot of pressure. You only seem valued if you do stuff."

— Participant P30

"[I'm] of no value to the church as I am not well enough to volunteer" - Participant \$14



Rotas are a nightmare



"I never know whether I'm going to feel ok or not so don't like commit to things. Hence, I don't get as involved as I might otherwise, and therefore feel less included."

— Participant \$07

People say: 'We won't bother because she's unreliable. She's a bit all over the place.'

- Participant P30



Church harms...

physically, mentally and spiritually



"All I want to do is cry all the way through the service because I'm in so much pain."

- Participant P05

"There is no safe inclusion for people with chronic illnesses" [speaking of COVID infections in church]

- Participant P35

"People disbelieving and continually praying for my healing and telling me to repent. It affected me so much emotionally... I really believed God hated me."- Participant \$28/



I'm treated differently from others



"People find it easier to cope with when they can see some outward sign or something."

- Participant P30

"When they try to include me, I feel different as it's always a special effort that feels a trouble."

- Participant \$36

"They've been good with them, but terrible with me!" [comparing her treatment to those with visible disabilities]



'I have disappeared'



"Out of sight and out of mind. I feel I've been abandoned."

- Participant P35

"Live-streaming [was] taken away"

- Participant \$33

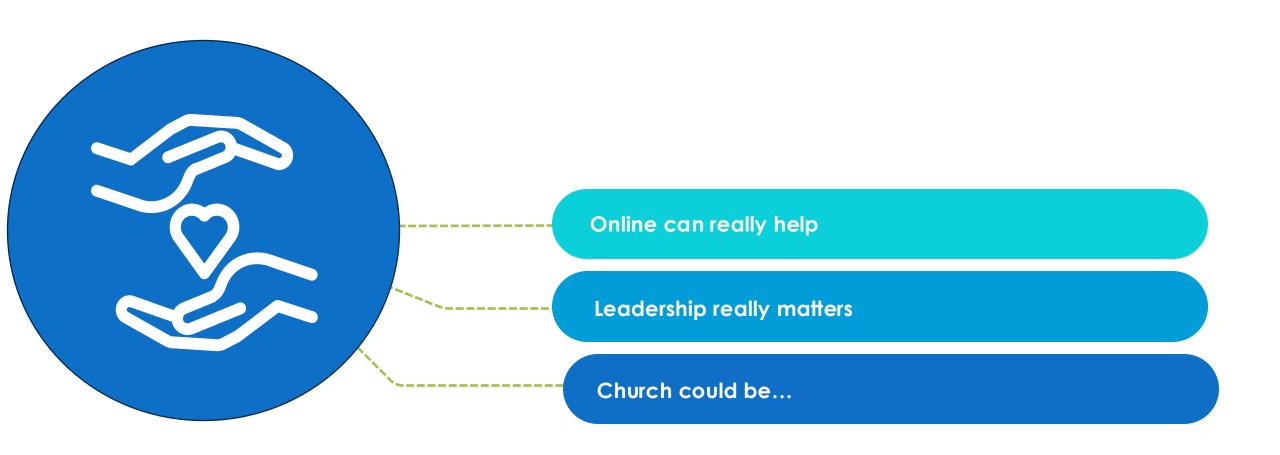
"I was told I can't go on the [home communion] list because they're too busy looking after all the older people who need it."

— Participant P34



Themes

The Positive Ones



Online can really help



"Suddenly there was a level playing field. Everything was on Zoom and I could take part!" (March 2020)

- Participant P35

"We do art, we do Bible studies, we pray. It's just lovely. Lots of online chatting. It seems to really bless people."

- Participant P34



Leadership really matters



"It makes such a difference! My vicar tells me: 'If you want to sit down, just sit down.'"

- Participant P17

"Stand if you can - God doesn't mind if you don't."

- Participant \$46's vicar



Church could be...



"more welcoming, more joyful, more like Jesus"

- Participant P24

'strength in weakness, beauty from brokenness, growth from suffering, great capacity from incapacity and so on. The upside-down kingdom'

- Participant \$55



What can Churches do?









Stop the harm

Physical, mental, spiritual and emotional



Transform Culture

from
-individualistic
- doing over being

Some Ideas for Churches

Based on the themes...



Rotas

Make rotas flexible so more can serve.



The Same

Treat people well, whether they have cancer or ME.



Online

Use interactive online sessions to engage those stuck at home.



Explore

What church could be...



Listen

Listen to people and their unique set of needs.



Check

Who has disappeared? Did they want to leave?

Analysis



Analysis Framework

Combining theology, social psychology, leadership and anthropology.

1. Culture

Typically individualistic, valuing doing over being.

3. Exclusion

Moving from exclusion to embrace, following Volf.

5. Inclusion/Belonging

True belonging as a disabled person, beyond inclusion

2. Social Identity Theory

Looking at in-groups and out—groups, stereotyping and stigma

4. Imago Dei

What does it mean to be a person made in the image of God?

6. The Body of Christ

Equal across difference in Christ



Theology: The Body of Christ

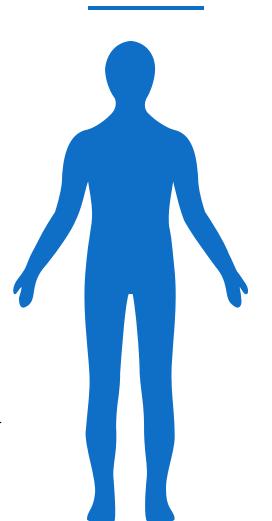
Why everyone should belong

No hierarchy

All organs are just as important as all the others

Weaker

Are indispensable!
(but weaker doesn't necessarily mean disabled, which could be someone with less will power to resist temptation)



All are conduits

Of divine love. Disabled people need to play their full part in ministry.

One suffers...

All suffer, together. No concept of abandonment/surgical removal.

"To be included, you just need to be present. To belong you need to be missed."

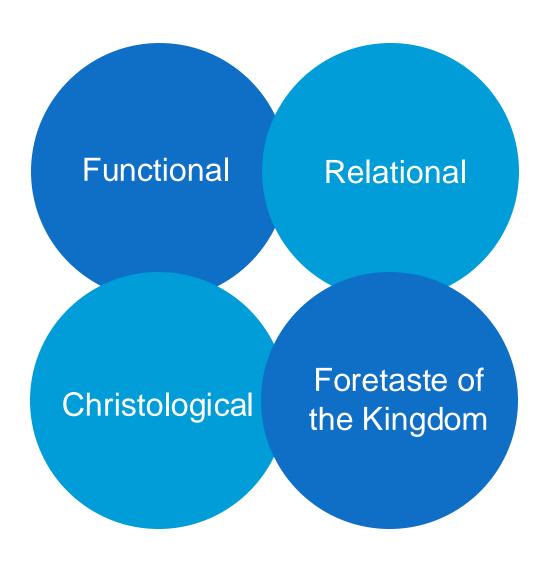
John Swinton

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Made in the Image of God

Including those with invisible illnesses and chronic conditions





Stop being indifferent!

"The havoc wreaked by indifference may be even "greater than that brought by felt, lived, practiced hatred."

Miroslav Volf

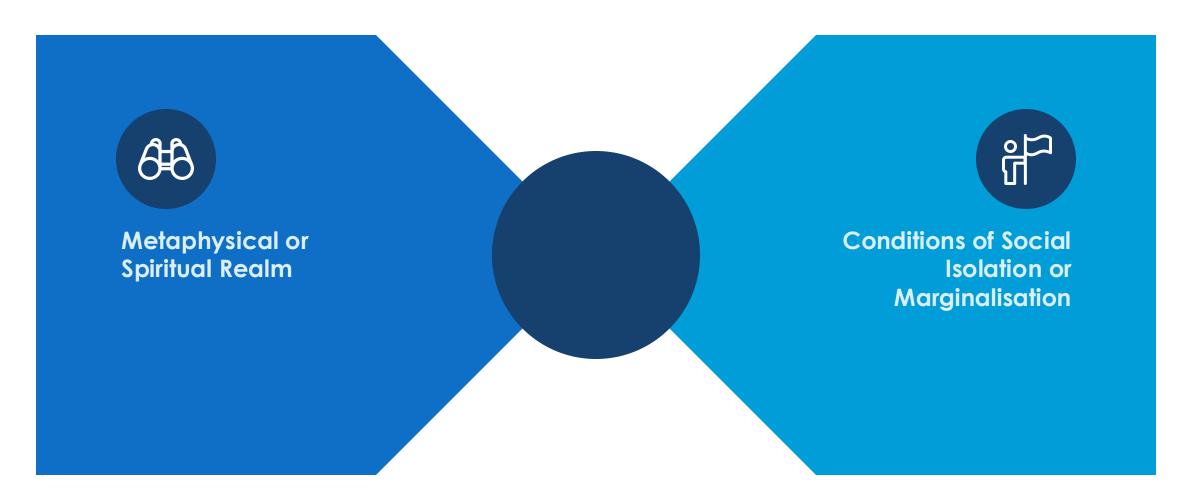
Exclusion and Embrace: A Theological Exploration of Identity, Otherness and Reconciliation (Abingdon, 1996) p. 67



Invisibility



Invisible Theology



M. Cooper Harriss (2017). Ralph Ellison's Invisible Theology, NYU Press.

"The visible is a matter of what we see in what we see. If we would speak of the visible world, we need a notion of the invisible, but the invisible hides in the visible."

Arne Grøn, 'Phenomenology of In-visibility' in eds. Vind, A., Damgaard, I., Nielsen, K. B. and Havsteen, S. R. *In-visibility* (Vandenhoeck & Ruprecht, 2020) p.20



"The invisible is not only that which hides in the visible, letting it appear. It is also what we make invisible."

Arne Grøn, 'Phenomenology of In-visibility' in Vind, A., Damgaard, I., Nielsen, K. B. and Havsteen, S. R. (2020). In-visibility Vandenhoeck; Ruprecht p. 25

"making visible what has been hitherto invisible"

Kwok Pui-lan (Ed.) Asian and Asian American Women in Theology and Religion: Embodying knowledge (Palgrave Macmillan, 2020) Introduction

Invisible Illnesses?



What can Churches do?









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Physical, mental, spiritual and emotional



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Who has disappeared? Did they want to leave?

EthicsofInclusion.study

Email penny@makingprojectswork.co.uk

Thank You!



To be published in P. Pullan, ''I Have Disappeared': Long COVID, ME and Inclusion in Church Communities' Long Covid and Society: International Perspectives, ed. D. Lupton (Palgrave Macmillan, 2025) and, potentially, a SCM book in 2026/7





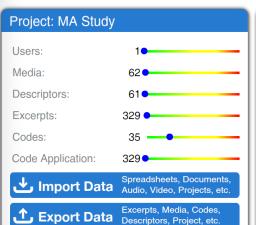
Extras

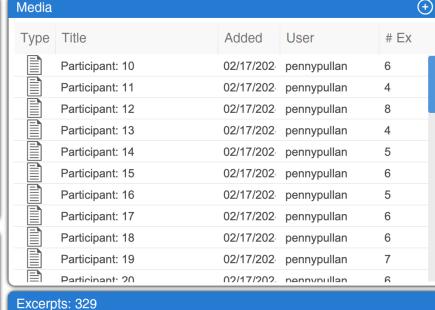
Some Demographic and Ratings Results

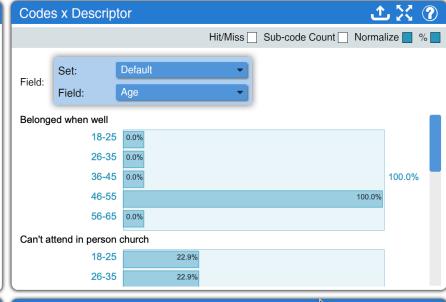






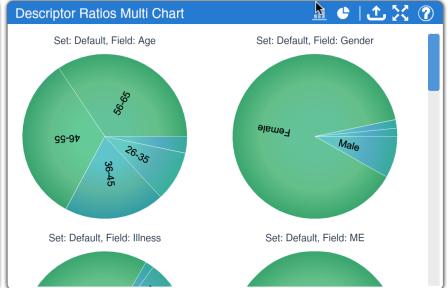


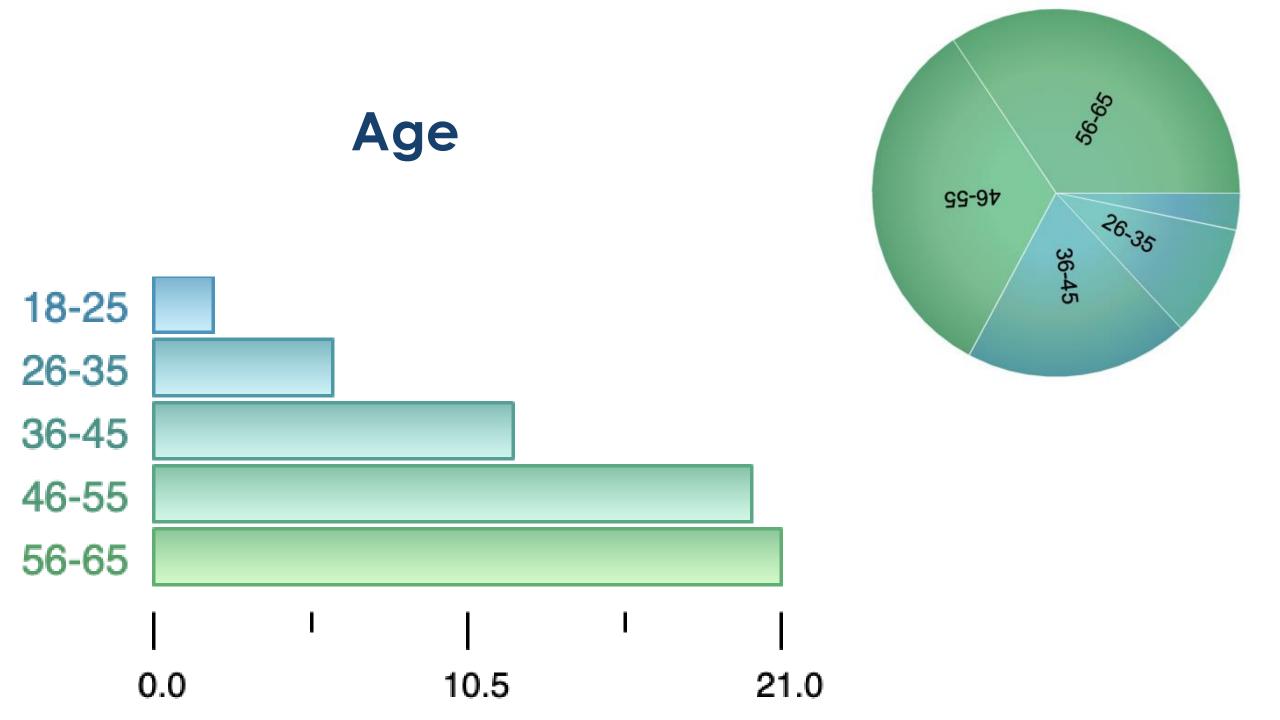






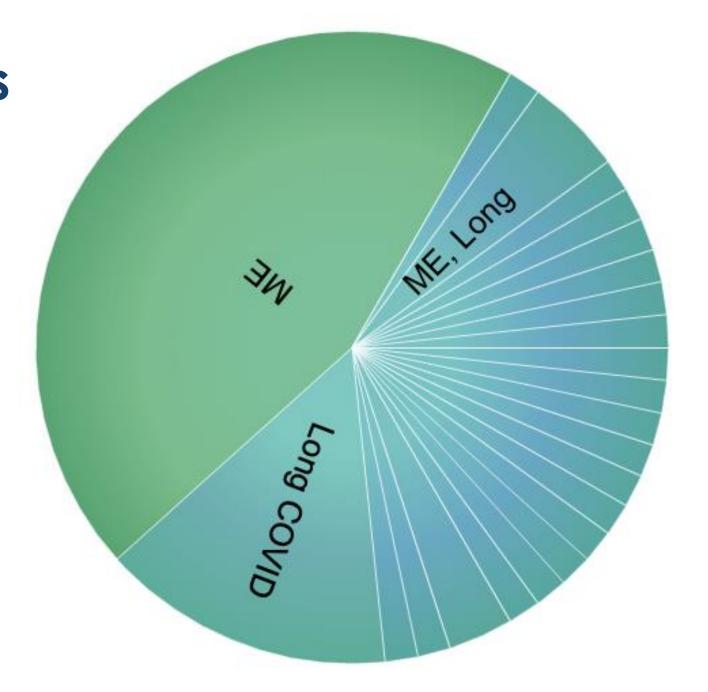




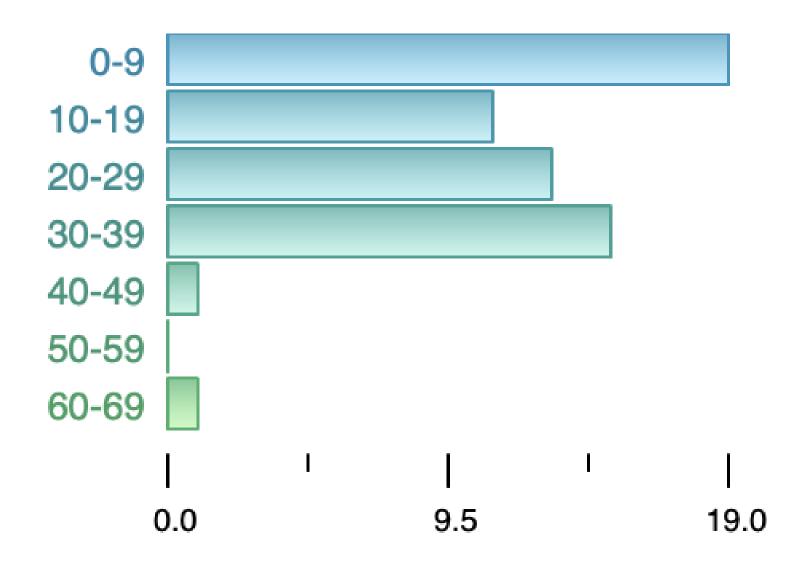


Gender Female Male

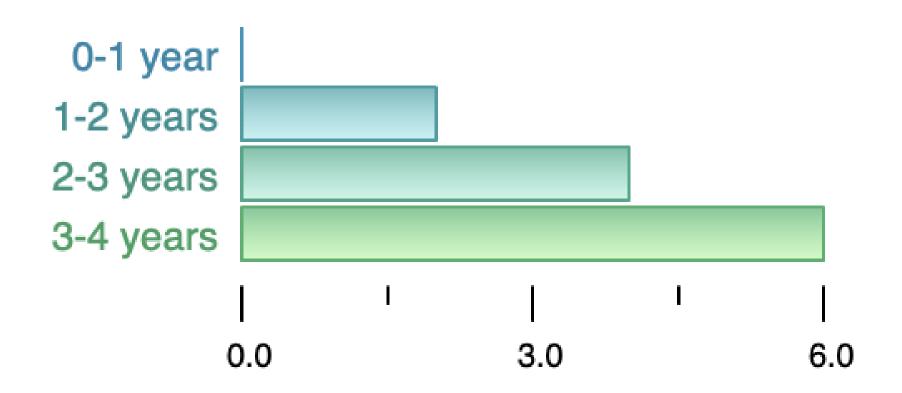
Invisible Illness or Unseen Condition



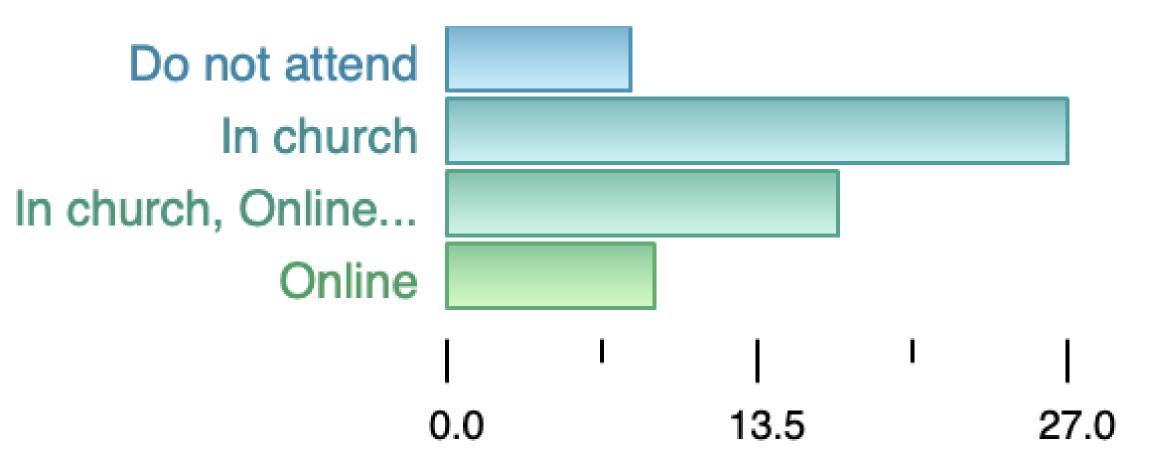
Length of Illness



Length of illness for those with Long COVID

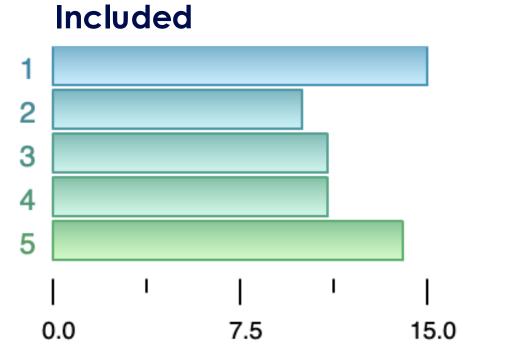


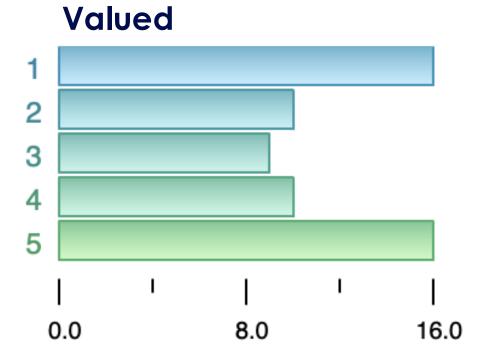
How did they attend church?



On a scale of 1-5, how included do you feel in your church community, where 1 is 'not at all' and 5 is 'I am included wholeheartedly by everyone in my church community, despite my invisible illness'

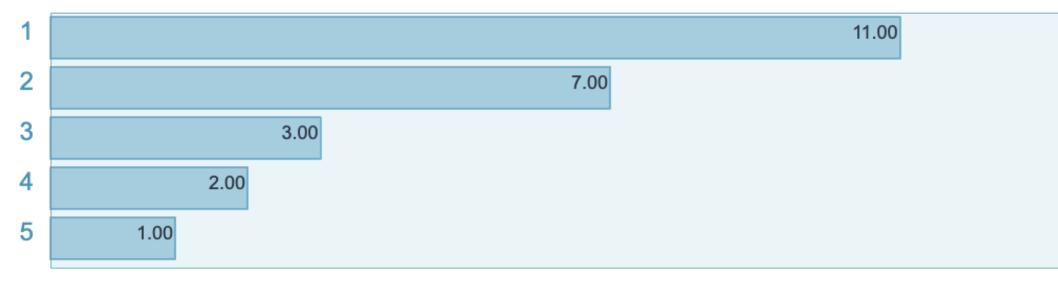






Included?

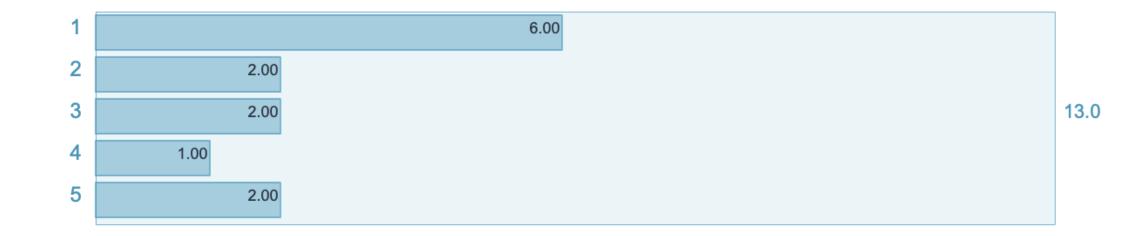
Can't attend in person church



ME



Long COVID

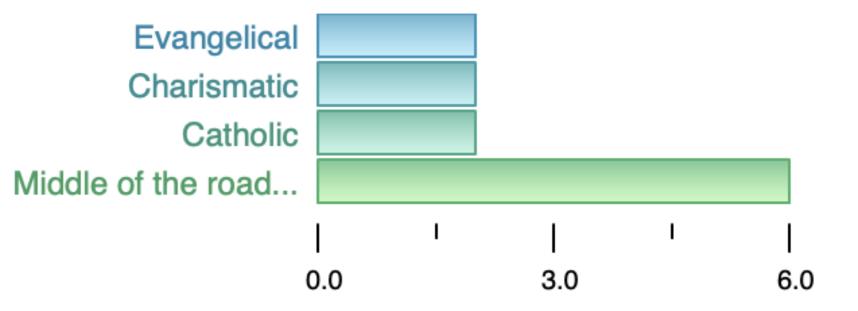


Chemo

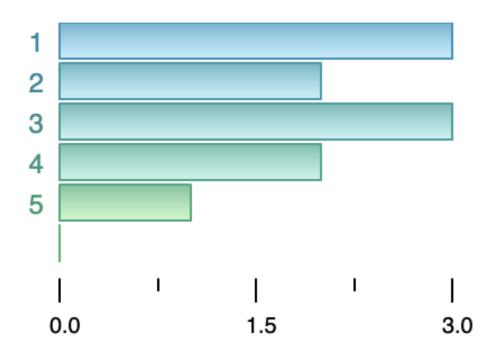
5 2.00 2.0

How did interviewees describe their church?

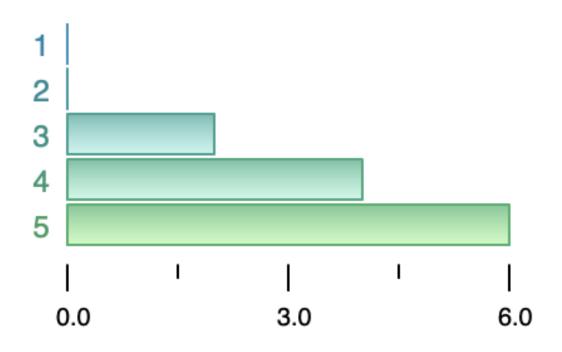




How welcoming is your church?



My experience of welcome as someone with an invisible illness



How my church would rate themselves on their welcome of disabled people

Gathering Participants





John Beauchamp

Diocesan Disability Ministry Enabler



Ethics of Inclusion Study - We have been asked to share this link with our followers and we would be very happy to help any religious group with a similar type of survey.

"The study seeks to explore whether people of working age with invisible illnesses are included in their church communities in the Church of England.

"I'm focusing on people with chronic conditions that are not immediately obvious, including ME, Long Covid or people immunocompromised due to chemotherapy. Their church communities might include in-person, hybrid and/or online churches.

"I wonder how much do these people feel they really matter and belong?"

https://www.ethicsofinclusion.study/

#pwME #MECFS #MyalgicE #MyalgicEncephalomyelits #LongCovid #PostCovid #CofE #ChurchofEngland



ETHICSOFINCLUSION.STUDY

Ethics of Inclusion

The study seeks to explore whether people of working age with invisible disabilities are included in their church communities in the Church of England.

Penny A Pullan Yes thanks it was very ME friendly and I've completed it. I have also put myself down for a video interview if required. Coming from a non-inclusive to an inclusive church has been a very interesting journey, the change is remarkable, from individual attitudes to systemic ones.



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Our research work

A A A Text size

Our projects and PhDs

DecodeME

Priority Setting Partnership

UK ME Research Collaborative

Advice for M.E. Researchers

Get involved in research

The Ethics of Inclusion: exploring whether people of working age with invisible illnesses and chronic conditions feel they belong in their church communities

Research question and details: How are people of working age with invisible illnesses and chronic conditions (particularly those with ME, Long COVID or the immunocompromised (due to chemotherapy treatment) included in their C of E church communities, whether in-person, hybrid and/or online, and how much do they feel they really matter and belong?

What's involved: To take part, people need to answer a questionnaire online, which has been described by participants as "short" and "very ME friendly". Please visit: **www.ethicsofinclusion.study**

If participants wish to take part further, they can put themselves forward to be one of the ten people interviewed over Zoom to gather deeper insights. This second step is purely voluntary.

Participant eligibility criteria: Participants must be of working age (defined as 18 - 65 inclusive for this study), members of a Church of England church (to some extent) and living with an invisible illness or chronic condition, such as ME or Long COVID.

Ethical approval: This project has received ethics approval from Yorkshire Theological Education Partnership (YTEP) and St Hild College, as part of my Durham University MA research.

Contact details: To take part in the survey, please visit: www.ethicsofinclusion.study

The researcher's email is penny@pennypullan.com

Deadline for taking part: The survey will close in March 2024.